

**** Mail-in Registrations:** will ONLY be accepted starting with a USPS postmark date of September 19th. We will no longer accept walk-in /drop off registration forms for basketball. Any predated post marked forms will not be accepted and returned. First come first serve, limited space.

**Shrewsbury Parks & Recreation
100 Maple Ave, Shrewsbury MA 01545,
508-841-8503**

2009 Winter Youth Basketball

For children in grades 3rd-9th

All teams will practice once a week and games will be held on Saturdays. Location and times will vary. Youth basketball allows children to learn skills, interact with others and enjoy the game. Recreational basketball also gives all enrolled children the opportunity to participate in the program.

Volunteer coaches and assistants are an essential part of the youth basketball program. With the leadership, guidance, hard work and volunteered time of these individuals we can ensure a successful program for the children. If you are able to coach, please indicate that on the registration form.

Dates: Practices start the week of November 30th. The first games will be held on December 5th for all divisions, with the exception of grades 3&4 (scrimmage). The program will end on February 13th pending snow days. Practice is one day a week, either on Monday, Tuesday, Wednesday or Thursday evenings. There are a **limited** number of spots available. The program is first come, first serve. Practices are 45 minutes between the times of 6pm and 8:30pm (time slot TBD). **Cancellations:** Basketball practice and games will not be held on snow days and/or those days where after school activities are canceled. Please call the information hotline 841-8336 for updates on cancellations after 4PM on weekdays or after 7:30AM on Saturdays. T-Shirts will be provided at the first practice. Schedules are to be **E-mailed** by Mid November.

All necessary information needs to be included in the registration form for it to be accepted. Only open to Shrewsbury residents, or starting on October 1st (if space allows) those students who are enrolled in a Private School in Shrewsbury (Proof required, tuition bill, report card or acceptance letter).

Refund Policy: returned with receipt by October 1st, minus \$10 administration fee, October 2nd thru October 30th minus a \$25 administration fee. Refund after November 1st only if able to fill spot with someone from a waiting list minus \$25 administration fee. No refunds will be given after the second practice.

Web Site: www.shrewsbury-ma.gov/parkrec

Copies of the schedule and registration form are available on the web site for your convenience. Schedule will be available mid November.

Please mail completed registration form, "page 2"

Child's Grade Division, (please check below)

- | | |
|---|--|
| <input type="checkbox"/> #132020-A Boys 3-4 th | <input type="checkbox"/> #132020-D Girls 3-4 th |
| <input type="checkbox"/> #132020-B Boys 5-6 th | <input type="checkbox"/> #132020-E Girls 5-6 th |
| <input type="checkbox"/> #132020-C Boys 7-9 th | <input type="checkbox"/> #132020-F Girls 7-9 th |

Child's Skill Level (please check below)

- ☐ **Beginner (1)** New to the sport, learning skills of the game
- ☐ **Novice (2)** Some experience and can dribble, shoot and pass the ball (basic skills)
- ☐ **Intermediate (3)** League experience, (basic skills) & understands plays/coverage in game
- ☐ **Intermediate/Advance (4)** League experience and above average skill level
- ☐ **Advanced (5)** Played on multiple leagues and is highly skilled (Hoopsters, AAU etc)

☐ Resident: \$60

☐ Shrewsbury Private School (Non-Resident): \$70

***Please refer to the front page for the Refund Policy* Checks payable to the Town of Shrewsbury**

Please circle at least 2 nights that work best for practices (no guarantee)

Monday	Tuesday	Wednesday	Thursday
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We will no longer accommodate "friends" requests due to the size of the program, but will do our best to provide a night that works best for practice.

Coaches Information

All coaches are required to fill out a CORI form by State Law. A mandatory coaches meeting TBA in the beginning of November. Coaches will need to attend one night to receive a team roster, rules & schedule.

Coaches Name: _____ E-mail: _____

Co-Coach Name: _____ (if both agree to share responsibilities, 2 coaches per team)

Nights that do not work for practice: _____ Coaching multiple teams? _____

Child's Name: _____ Male ____ Female ____ Grade: _____ Date of Birth: _____

Moms Name: _____ Dads Name: _____

Address: _____ Child's School: _____

Home Phone: _____ Cell Phone (emergency use only): _____

Emergency Contact: _____ Phone: _____

Allergies/ Medical Concerns/Special Needs: _____

Other basketball leagues the child is playing in: _____

******E-mail: _____ (please print clearly)**

Please include an up to date e-mail address. Schedules will be sent by e-mail.

Waiver: Participant or parent hereby states that he or she understands the physical nature of the activity as well as any risk involved and agrees to release, discharge and hold harmless the Town of Shrewsbury, its employees and agents from any and all actions, claims, damages, and/or injuries that might occur during a parks & recreation activity and that the participant is accustomed to such activity or has consulted a physician as to the advisability of participation. Parent or participant hereby consents to medical treatment in the event of illness or injury (participant or child). Please list any medical/allergies/special needs that the staff should be aware of to make your participation a success. The Recreation Department and/or press will take pictures & video on occasion of participants for publicity purposes and for local cable. If you do not want to have your child photographed let us know. I understand the rules/policies stated above and in the brochure and agree to follow them accordingly. If a participant does not follow the rules or guidelines when registering for a program then he/she will not be allowed to participate in that activity.

Indicate here if you don't wish for your child to be video taped or photographed ☐

I have read the waiver and acknowledge the refund policy on the 1st page by signing below.

Parent or Guardian Signature: _____ Date: _____

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Office Use Only:
Amount _____ Payment _____
Post Mark Date _____